

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-376)**

SERIAL NO.

FILING DATE

APPLICANT(S)

09/701450

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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CAL	163					

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
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CLAIMS						

BEST AVAILABLE COPY

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*MAY BE USED FOR ADDITIONAL CLAIMS & AMENDMENTS

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